CMS NET Business Objects
Data Dictionary

CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
PATIENT REGISTRATION	SOURCE: Information as entered on 'Patient Registration' Screen			
	PRIEN	N/A For internal use		
	NAME	Text	53	
	DATE OF BIRTH	Date	10	
	CASE NUMBER	Text	10	
	GENDER	Text	1	M/F
	CASE STATUS	Text	15	ACTIVE CLOSED DENIED NOT OPEN PENDING REOPEN PENDING TRANSFER/ACTIVE
	LAST UPDATED	Date	10	
	LAST UPDATED BY	Text	5	*Pointer to User Table
	ORIGINALLY ENTERED ON	Date	10	
	ORIGINALLY ENTERED BY	Text	5	*Pointer to User Table
	SSN	Text	9	SSN - no dashes
	TEMP CASE NUMBER	Text	13	
	CLIENT INDEX NUMBER	Text	10	
	ALIAS	Text	53	
	CURRENT LEGAL COUNTY	Text	23	Full County Name
	CURRENT RESIDENCE COUNTY	Text	23	Full County Name
	PT ZIP CODE	Text	5	
	MOTHER'S MAIDEN NAME	Text	20	Free text. If blank or UNK, DB2 to default 'UNKNOWN'.
	MOTHER'S SSN	Text	9	
	MOTHER'S DATE OF BIRTH	Date	10	
	BIRTH NAME	Text	53	
	MOTHER'S FIRST NAME	Text	20	
	SCI LAST UPDATE	Date	10	
	SCI KNOWN TO PROGRAMS	Text	60	Free text. If blank, DB2 to default 'CCS'.
	ETHNIC GROUP	Text	30	All Values from CMS Net Patient Registration
	ETHNIC GROUP MEDS CODE	Text	2	MEDS Ethnicity Code
	BIRTHPLACE	Text	50	All Values from CMS Net Patient Registration
	LANGUAGE	Text	30	All Values from CMS Net Patient Registration
	LANUGUAGE MEDS CODE	Text	2	MEDS Language Code
	MTU ONLY	Text	3	Yes/No If blank'; Default 'NO'.
	MTU	Text	30	Free text-Name of MTU
	SCHOOL	Text	30	Free text
	PLACE OUT OF HOME	Text	3	Yes/No If blank; default 'NO'.
	PLACED VOL/INVOLUNTARILY	Text	13	INVOLUNTARILY VOLUNTARILY or BLANK
	INDIVIDUAL EDUCATION PLAN	Text	3	Yes/No
	CO CHART NUMBER	Text	20	Free text
	CO CLOSE REQUEST DATE	Date	10	
	FIRST REFERRAL DATE	Date	10	First date patient was ever referred to CCS.
	LAST NAME	Text	20	Free text
	LASTNAME 1ST LETTR	Text	1	First letter of the Clients last name

CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
	APPELLATION	Text	3	Free text
	FIRST NAME	Text	15	Free text
	MIDDLE NAME	Text	15	Free text
	BIRTH LAST NAME	Text	20	Free text
	BIRTH APPELLATION	Text	3	Free text
	BIRTH FIRST NAME	Text	15	Free text
	BIRTH MIDDLE NAME	Text	15	Free text
	CURRENT ELIG START DATE	Date	10	
	CURRENT ELIG CLOSE DATE	Date	10	
	CURRENT ELIG DENIED DATE	Date	10	
	CURRENT CCS ELIG STATUS	Text	20	9K CCS, 9M CCS-MTP ONLY, 9N CCS-M/C ONLY, 9R CCS-HF OVER CCS FIN ELIG
	CURRENT REASON CASE CLOSED/DENIED	Text	60	Free text
	CURRENT PGRM END DATE	Date	10	
	CURRENT PENDING ELIG TYPE	Text	20	ELIG PERIOD ONLY INTERVIEW PENDING MEDI-CAL PENDING OR Blank
	F/R STATUS (Financial/Residential)	Text	10	PENDING, INELIGIBLE, ELIGIBLE OR Blank
	CURRENT MEDICAL ELIG STATUS	Text	10	INELIGIBLE, ELIGIBLE OR Blank
	INTAKE DATE	Date	10	Most current referral date for that county.
	APPLICATION STATUS	Text	30	ET, FINAL NOTICE/NO APP RECD, HEALTHY FAM COUNTY LETTER SENT, M/C-NO APP NEEDED, M/C-NO APP NEEDED, NO ACTION, NO ACTION-MED REPORTS NOT RECD, NO ACTION-NO RESPONSE, NO APP SENT, SIGNED APP, 1ST LETTER SENT, 2ND LETTER SENT
	APP SIGNED/RECD DATE	Date	10	
	REASON APP NOT SIGNED	Text	25	Free text
	FIRST APPLICATION LETTER	Text	15	Letter Number
	SECOND APPLICATION LETTER	Text	15	Letter Number
	THIRD APPLICATION LETTER	Text	15	Letter Number
	APP STATUS LAST UPDATE DATE	Date	10	
	APPLICATION STATUS TYPE	Text	10	CCS , HF, MEDI-CAL, MTU, NEW, OLD, Blank
	MEDI-CAL NUMBER	Text	14	$ Amount
	SHARE OF COST	Numeric	7	No decimal, no comma preload Blank
	SUBCATEGORIES UNDER MED-CAL	Text	40	All fields blank
	FIRST AUTH DATE	Date	10	
	CURRENT LEGAL COUNTY CODE	Text	2	County Code (Current)
	CURRENT RESIDENCE COUNTY CODE	Text	2	County Code (Current)
REFERRAL-TRANSFER	**SOURCE: 'Patient Registration'. Patients assigned NOW or in the PAST to your county**			
	NOTE: To see your 'CURRENT' caseload, do not pull from here. Use 'Current Referal-Transfer' below			
	SECOND FIELD	N/A For Internal Use		
	REFERRAL/TRANSFER DATE	Date	10	
	RT-RESIDENCE COUNTY	Text	23	Residence County (Text)
	REFERRAL OR TRANSFER	Text	8	
	LEGAL COUNTY	Text	23	Legal County (Text)

CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
	REFERRAL SOURCE	Text	30	Free text
	REFERRAL BY	Text	40	Free text
	RT-RESIDENCE COUNTY	Text	2	County Code (Current)
	RT-LEGAL COUNTY	Text	2	County Code (Current)
**				
CURRENT REFERRAL-TRANSFER	**Source:** 'Patient Registration'. Patients that are NOW assigned to your county			
	REF TRAN DT REG	Date	10	
	RES CO REG	Text	23	Residence County (Text)
	REF OR TRAN REG	Text	8	
	LGL CO REG	Text	23	Legal County (Text)
	REF SOURCE REG	Text	30	Free text
	REF BY REG	Text	40	Free text
	RES CO CODE REG	Text	2	County Code (Current)
	LGL CO CODE REG	Text	2	County Code (Current)
**				
ADDRESS	**Source: Addresses related to case**			
	SECOND FIELD	N/A For Internal Use		
	ADDRESS TYPE	Text	30	AUTHORIZED SPECIALIST 1, AUTHORIZED SPECIALIST 2, AUTHORIZED SPECIALIST 3, OTHER, OTHER AUTHORIZED SPECIALIST,SPECIALIST 1, OTHER AUTHORIZED SPECIALIST 2, OTHER SPECIALIST, PATIENT, PRIMARY, PRIMARY CARE PHYSICIAN (means Medical Home)
	NAME	Text	40	Free text
	ADDRESS LINE 1	Text	40	
	ADDRESS LINE 2	Text	40	
	CITY,STATE	Text	40	
	ZIP CODE	Text	10	
	PHONE NOTES	Text	20	
	WORK PHONE	Text	10	
	RELATION TO PT	Text	30	
	OTHER WORK PHONE	Text	10	
	NUMERIC PHONE	Text	10	
**				
USER	**Source: CMS Net security. Users with CMS Net ID and info on their Security level**			
	USERIEN	N/A For Internal Use		
	USER NAME	Text	35	
	USER STATUS	Text	8	
	SECURITY GROUP	Text	30	
	PRIMARY COUNTY	Text	23	
	SECONDARY COUNTY	Text	23	
	REGIONAL OFFICE	Text	45	
	USER UNIQUE ID (WORKER CODE)	Text	4	Worker Code
	USER LAST UPDATE	Date	10	When ID was last updated
	USER CURRENT ACTIVATION DATE	Date	10	
	USER LAST ACCESS DATE	Date	10	If Blank, user was active prior to 7/25/2000
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CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
COUNTY CASE MANAGER	**Source**: CMS Net security. Users with CMS Net ID and info on their Security level			
	USERIEN	N/A For Internal Use		
	USER NAME	Text	35	
	USER STATUS	Text	8	
	SECURITY GROUP	Text	30	
	PRIMARY COUNTY	Text	23	
	SECONDARY COUNTY	Text	23	
	REGIONAL OFFICE	Text	45	
	USER UNIQUE ID (WORKER CODE)	Text	4	Worker Code
	USER LAST UPDATE	Date	10	When ID was last updated
	USER CURRENT ACTIVATION DATE	Date	10	
	USER LAST ACCESS DATE	Date	10	If Blank, user was active prior to 7/25/2000
***				
REGIONAL CASE MANAGER	**Source**: CMS Net security. Users with CMS Net ID and info on their Security level			
	USERIEN	N/A For Internal Use		
	USER NAME	Text	35	
	USER STATUS	Text	8	
	SECURITY GROUP	Text	30	
	PRIMARY COUNTY	Text	23	
	SECONDARY COUNTY	Text	23	
	REGIONAL OFFICE	Text	45	
	USER UNIQUE ID (WORKER CODE)	Text	4	Worker Code
	USER LAST UPDATE	Date	10	When ID was last updated
	USER CURRENT ACTIVATION DATE	Date	10	
	USER LAST ACCESS DATE	Date	10	If Blank, user was active prior to 7/25/2000
***				
MANAGED CARE PLAN	**Source**: As entered on 'Insurance Coverage' screen			
	SECOND FIELD	N/A For Internal Use		
	PLAN NAME	Text	30	
	PLAN NUMBER	Text	20	
	ENROLLMENT DATE	Date	10	
	DISENROLLMENT DATE	Date	10	
***				
MISC TICKLER	**Source**: System and User created Ticklers in CMS Net			
	SECOND FIELD	N/A For Internal Use		
	MISCELLANEOUS TICKLER DATE	Date	10	
	MISC TICKLER REASON	Text	70	Free text
	MISC TICKLER DUE DATE	Date	10	
	MISC TICKLER ENTERED BY	Text	5	*Pointer to User Table
	MISC TICKLER DATE ENTERED	Date	10	
***				
NOTE: To see your 'CURRENT' caseload, do not pull from here. Use 'Current Client Eligibility' below				
CLIENT ELIGIBILITY SUMMARY	**Source**: 'Client Eligibility'. Patient assigned NOW or in the PAST to your county			
	SECOND FIELD	N/A For Internal Use		
	ELIGIBILITY START DATE	Date	10	

CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
	ELIGIBILITY END DATE	Date	10	This is "closed date".
	ELIGIBILITY DENY DATE	Date	10	
	ELIGIBILITY CCS STATUS	Text	20	9K CCS, 9M CCS-MTP ONLY, 9N CCS-M/C ONLY, 9R CCS-HF OVER CCS FIN ELIG,9U-CCS-HF No Signed PSA
	ELIGIBILITY STATUS	Text	15	ACTIVE, CLOSED, DENIED
	ELIGIBILITY CASE TYPE	Text	7	NEW, REOPEN, BLANK
	ELIGIBILITY LEGAL COUNTY	Text	23	
	ELIG REASON CLOSED	Text	60	AID CODE CHANGED, DEATH OF PATIENT, ELIGBLE CONDITION CURED, FAMILY COVERED BY PREPAID HEALTH PLAN, FINANCIALLY INELIGIBLE, MEDICALLY INELIGIBLE, NO RESPONSE AT LAST KNOWN ADDRESS, NO TREATMENT INDICATED AT THIS TIME, OTHER, PARENTS WILL HANDLE PRIVATELY
	ELIGIBILITY DETERMINED BY	Text	30	Free Text
	ELIGIBILITY DETERMINED DATE	Date	10	
	ELIGIBILITY LAST UPDATE	Date	10	
	ELIGIBILITY LAST UPDATE BY	Text	5	*Pointer to User Table
	OPEN DATE	Date	10	The date the user physically makes the case active on the client eligibility screen. If record was active prior to May 2001 field is NULL.
**				
ICD-DIAGNOSIS	**Source:** Client's diagnosis as entered on 'Patient Registration' Screen			
	SECOND ID	N/A For Internal Use		
	ICD9	Text	6	
	DESRIPTION	Text	100	
	PRIORITY	Text	1	Use to get multiple diagnoses.
**				
NOTE: To see your 'CURRENT' caseload, do not pull from here. Use 'Current MED Eligibility' below				
MED ELIGIBILITY	**Source: 'Medical Eligibility'. Clients assigned NOW or in the PAST to your county**			
	PROG ELIG BEGIN DATE	DATE	4	
	PROG ELIG END DATE	DATE	4	
	MED ELIG STATUS	CHAR	10	
	MED ELG LAST UPDATE BY	CHAR	35	
	MED ELIG LAST UPDATE DATE	DATE	4	
	MED ELIG DETERMINED BY	CHAR	30	
	MED ELIG DETERMINED DATE	DATE	4	
	MED ELIG NEXT REVIEW	DATE	4	
	MED ELIG DX ONLY	CHAR	3	
	MED ELIG MTU PRV TR	CHAR	30	
**				
NOTE: To see your 'CURRENT' caseload, do not pull from here. Use 'Current MED Eligibility Diagnosis' below				
MED ELIGIBILITY DIAGNOSIS	**Source: 'Medical Eligibility' Screen. Client assigned NOW or in the PAST to your county.**			
	DX PRIORITY	CHAR	1	
	ICD9 CODE	CHAR	6	
	ICD9 DESCRIPTION	CHAR	100	

CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
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INSURANCE AND OTHER COVERAGE	**Source:** As entered on 'Other Coverage' screen			
	PRIEN	N/A Foir Internal Use		
	PRIMARY POLICY	CHAR	3	
	OTHER COVERAGE	CHAR	40	
	TYPE OF INSURANCE	CHAR	9	
	START DATE	DATE	4	
	TERMINATION DATE	DATE	4	
	POLICY NUMBER	CHAR	30	
	DEDUCTIBLE	DECIMAL	8	
	MAX BENEFIT AMT	DECIMAL	10	
	SENT COVERAGE DOC	DATE	4	
CURRENT CLIENT ELIGIBILITY	**Source:** 'Client Eligibility'. Clients currently assigned to your county			
	ELIGIBILITY START DATE	Date	10	
	ELIGIBILITY END DATE	Date	10	This is "closed date".
	ELIGIBILITY DENY DATE	Date	10	
	ELIGIBILITY CCS STATUS	Text	20	9K CCS, 9M CCS-MTP ONLY, 9N CCS-M/C ONLY, 9R CCS-HF OVER CCS FIN ELIG, 9U-CCS-HF No Signed PSA
	ELIGIBILITY STATUS	Text	15	ACTIVE, CLOSED, DENIED
	ELIGIBILITY CASE TYPE	Text	7	NEW, REOPEN, BLANK
	ELIGIBILITY LEGAL COUNTY	Text	23	
	ELIG REASON CLOSED	Text	60	AID CODE CHANGED, DEATH OF PATIENT, ELIGIBLE CONDITION CURED, FAMILY COVERED BY PREPAID HEALTH PLAN, FINANCIALLY INELIGIBLE, MEDICALLY INELIGIBLE, NO RESPONSE AT LAST KNOWN ADDRESS, NO TREATMENT INDICATED AT THIS TIME, OTHER, PARENTS WILL HANDLE PRIVATELY
	ELIGIBILITY DETERMINED BY	Text	30	Free Text
	ELIGIBILITY DETERMINED DATE	Date	10	
	ELIGIBILITY LAST UPDATE	Date	10	
	ELIGIBILITY LAST UPDATE BY	Text	5	*Pointer to User Table
	OPEN DATE	Date	10	The date the user physically makes the case active on the client eligibility screen. If record was active prior to May 2001 field is NULL.
****
CURRENT MED ELIGIBILITY	**Source:** 'Medical Eligibility'. Clients currently assgined to your county			
	PROG ELIG BEGIN DATE	DATE	4	
	PROG ELIG END DATE	DATE	4	
	MED ELIG STATUS	CHAR	10	
	MED ELG LAST UPDATE BY	CHAR	35	
	MED ELG LAST UPDATE DATE	DATE	4	
	MED ELIG DETERMINED BY	CHAR	30	
	MED ELIG DETERMINED DATE	DATE	4	

CMS TABLE LABEL	OBJECTS	Type	Width	Allowable Values/Comments:
	MED ELIG NEXT REVIEW	DATE	4	
	MED ELIG DX ONLY	CHAR	3	
	MED ELIG MTU PRV TR	CHAR	30	
***				
CURRENT MED ELIGIBILITY DIAGNOSIS	Source: 'Medical Eligibility'. Clients currently assigned to your county			
	DX PRIORITY	CHAR	1	
	ICD9 CODE	CHAR	6	
	ICD9 DESCRIPTION	CHAR	100	
***				
MEASURES	Provide Counts (#s) for Information Selected			
	PARTICIPANT COUNT			